ARIZONA FORM		Arizona Exempt Organization Annual Information Return 2002								
99			For taxable year beginning _MM/_DD/, and ending _MM/_DD/						ONE:	
			Mail ta. /	luinana Danautusaut of Davisaura I	Oı	Original Amended CHECK ONE: Calendar year Fiscal year				
			Mail to: F	Arizona Department of Revenue, F	Caler					
			Name				Federal employer ID number (FEIN)			
			Please	Number and street	A7 wit	AZ withholding tax number				
Business telephone number		Type or	Number and street				iniolanig tax na			
			Print	City or town, state and ZIP code			AZ tra	nsaction privile	je tax number	
()		. –		—			FOR DOR US	SE ONLY		
Check	box i	f: U	This is a	first return						
A Date Arizona	opera	tions be	gan	I DD I YYYY						
B Date of letter	granti	ng exem	ption from	Arizona income tax///) / YYYY					
C Nature of Ariz	ona a	ctivities _								
D Check federal	l form	filed:	□ 990 □	☐ 990-EZ ☐ Other (specify) _						
			ral return.	· · · · · · · · · · · · · · · · · · ·		81	66	1		
	1			ceipts from business activities			00	<u>'</u>		
Sources of	2			ods sold or of operations - attach			00			
Income	3		•	business activities - subtract line			00			
moomo	4	Interes	t			4	00			
	5						00			
	6			es			00			
	7			m sales of assets, excluding inver			00			
	8			nts, etc., from members			00			
	9			nts, etc., from affiliated organization its, grants, etc., received			00			
	10 11		_	ts, grants, etc., receivedttach itemized statement			00			
	12			ld lines 3 through 11			1	12	00	
Administrative	13			officers, directors, trustees, etc			00	14		
Expenses	14	-		ges - other than amounts included			00			
Expenses	15		-				00			
	16	Taxes.				16	00			
	17	Rent e	xpense			17	00			
	18			tach schedule			00			
	19			penses - attach itemized stateme			00			
Disbursements	20			add lines 13 through 19				20 ¹	100	
from Current	22			nts, etc., to affiliated corporations its, grants, etc., paid			00			
Income for the	23		_	s to or for members or their depen		[22]	00			
Organization's				ss, hospitalization, disability, or pe		23a	00			
Exempt				S			00			
Purposes	24	Divide	nds and ot	her distributions to members, sha	reholders, or depositors		00			
	25						00			
B: 1 (26			21 through 25				26	00	
Disbursements				nts, etc., to affiliated corporations			00			
from Principal Income for the	28 29		_	ts, grants, etc., paids to or for members or their depen		28	00			
Organization's	4 3			ss, hospitalization, disability, or pe		29a	00			
Exempt				33, 1103pitalization, disability, or pe			00			
Purposes	30			her distributions to members, sha			00			
	31				•		00			
	32			27 through 31				32	00	
Other	33			ents not itemized above - attach s				33	00	
Accumulation	34			income in current year - line 12 m				34	00	
of Income	35 26			income at beginning of year				35	00	
Penalty	36 37			income at end of year - add lines ling or incomplete filing (\$500.00				36 37	00	
	vi	· Griait	, ioi iale II	mig or moonipioto ming (4000.00	<i>,</i>			_ <u> </u>	00	

Schedule A - Balance Sheet

Note: Amounts used in attached schedules and in this column should be end of year amounts.						(a)			(b)		
		Assets		·		Beginning of year			End of year		
A1							00	A1		00	
A2a					00						
		lowance for doubtful accounts			00						
		a less line A2b. Enter difference in column ($\overline{}$				00	A2c		00	
A3a		es and loans receivable - attach schedule									
		lowance for doubtful accounts						140		100	
A 4		· · · · · · · · · · · · · · · · · · ·	,								
A4								1			
A5 A6		,									
		dings, and equipment; basis	$\overline{}$				00	AU		00	
Ala		ccumulated depreciation - attach schedule									
		·					00	Δ7c		00	
A8										1	
A9 Total assets - add lines A1 through A8							00			00	
		Liabilities									
A10	Accounts	payable and accrued expenses				00	A10		00		
A11		s and other notes payable - attach schedule					00	A11		00	
A12		ilities - describe					00	A12		00	
A13 Total liabilities - add lines A10 through A12							00				
		Net Assets									
۸1/	Canital et	ock or truct principal					00	A11		00	
	-										
A17		assets - add lines A14 through A16								00	
			A3a								
A18 Total liabilities and net assets - add lines A13 and A17							00	A18		00	
Cert	tification									and	
		·		•	•	•					
Please						i	ĺ				
A14 Capital sto A15 Paid-in or A16 Retained of A17 Total net A18 Total liab Certification		Cinnature of officer				Data	T:Al a				
		Signature of officer				Date	riue				
Pair	ł										
						1					
-		Preparer's signature		Date							
use Uniy		. •									
A10 Accounts payable A11 Mortgages and oth A12 Other liabilities - de A13 Total liabilities - de A14 Capital stock or tru A15 Paid-in or capital s A16 Retained earnings A17 Total liabilities an Certification Under belief, Please Sign Here Signatu Paid Preparer's Use Only Firm's r		Firm's name (or preparer's, if self-employe	ed)				Preparer's TIN				
Film s name (or preparer s, il seil-employer			,								
		Firm's address Z					Zip code				